

designed to engender more self-censorship among other WHO country representatives when they comment publicly on the intersection of U.S. trade and WHO public-health policies.

A large number of WHO staff members are employed on renewable 11-month contracts, meaning that their standing inside the organization is on perpetually shaky ground and hence curbs their ability to voice critical opinions.

Aldis, a U.S. national and permanent WHO staffer, was known among his colleagues for privately airing views critical of the Bush administration and its policy toward the WHO, particularly in relation to the U.S. government's alleged tendency to mix its commercial and public-health agendas.

Aldis reportedly chafed at WHO regional headquarters' instructions to receive representatives from U.S. corporations and introduce them to senior Thai government officials to whom the private company representatives hoped to sell big-ticket projects and products.

In recent months, major U.S. companies such as pharmaceutical giant Pfizer and technology company IBM have asked the WHO in Thailand to facilitate access to senior Thai officials. In turn, some senior WHO staff members have expressed their concerns about a possible conflict of interests, as the requested appointments were notably not related to any ongoing WHO technical-assistance program with the Thai government.

It's not the first time that the U.S. has played hardball with the WHO and Thailand. In 1998, when member nations proposed that the WHO be granted more power to monitor international trade agreements and their effects on global public health, particularly in relation to the access to patented medicines in developing countries, the U.S. government threatened to withhold funding to the organization.

Under that financial threat, the WHO has since largely refrained from commenting critically on the drug-patent issue. International and independent non-governmental organizations (NGOs) such as Oxfam and Medecins Sans Frontieres have filled the WHO's leadership vacuum on the issue by filling the information gap with highly critical research reports.

From the United States perspective, Aldis, and by association the WHO, had publicly sided with Thailand on the pivotal drug-patent debate during a crucial stage in the FTA negotiations. Washington reportedly hopes that the comprehensive deal it is pursuing with Thailand will serve as a template for other bilateral trade pacts in the region, including soon-to-be-negotiated deals with Malaysia and Indonesia.

Thai civil-society groups, meanwhile, have complained about the lack of transparency surrounding the negotiations, which caretaker Prime Minister Thaksin Shinawatra has unilaterally conducted without consultations with parliament.

The U.S. and Thailand have in the past sparred over the Thai government's decision to use its WTO-approved compulsory licensing rights to produce certain generic antiretroviral drugs for HIV carriers and AIDS sufferers. In 2001, for example, Washington threatened retaliatory trade sanctions, including curbs on sensitive Thai export products, if the Thai government allowed the production of certain generic antiretroviral drugs.

Thai activists, meanwhile, have given certain U.S. pharmaceutical companies legal fits. In 2001, for instance, they challenged the legality of U.S. pharmaceutical company Bristol Meyer Squibb's patent over the antiretroviral drug didanosine, or DDI, because it was originally developed by a public

U.S. agency, the National Institutes of Health.

In 2002, a Thai court cited international statutes when it ruled that Thai HIV/AIDS patients could be injured by patents and had legal standing to sue if drug makers holding patents restricted the availability of drugs through their pricing policies.

The verdict was upheld in January 2004, and as part of an out-of-court settlement, Bristol Meyer Squibb decided to "dedicate the [DDI] patent to the people of Thailand" of that particular version of the drug by surrendering it to the Thai Department of Intellectual Property.

The dedication, however, did not carry over to third countries. Under the provisions of a U.S.-Thai FTA, future legal challenges to U.S.-held drug patents would be nearly impossible, Thai activists and international NGOs contend.

Lee's unexpected death has already engendered some serious soul-searching inside the WHO. Lee was widely lauded after his death, but his final legacy to the organization he served for 23 years is very much in doubt.

U.S. President George W. Bush said, "Lee provided tremendous leadership to the international community as it confronted the challenges of the 21st century." U.N. Secretary General Kofi Annan, Microsoft founder Bill Gates and former U.S. President Jimmy Carter all made similar eulogies to Lee's long commitment to improving global public-health standards.

Lee frequently denied allegations that U.S. political pressure influenced his decision-making, most notably perhaps during a recent television interview with the British Broadcasting Corp. However, it is just as likely that Lee will be remembered for the many times he caved to U.S. pressure on crucial public-health issues, frequently in areas where WHO positions and commitments required that he take a stronger stand, some WHO officials contend.

Moreover, the secretive way that Lee sometimes conducted WHO business, apparently in some instances at the United States behest, already has some officials inside the U.N. agency talking about the need for greater transparency and accountability under the next director general. "It will be very rough waters ahead for the new [director general]," said a Geneva-based WHO official, speaking on condition of anonymity.

As the United States strong influence over Lee comes into posthumous light, the selection process for his replacement will almost certainly be politicized along rich- and poor-country lines, and if the U.S. openly pushes its favored candidate, that divide could widen into a full-blown schism inside the traditionally cohesive organization. Those sharp lines are already emerging.

A report by a WHO-mandated independent commission recently recommended that as a general rule governments should avoid bilateral free-trade treaties that reduce access to medicines in developing countries. An annex to that report, signed by mainly Western experts who adhered to positions held by big pharmaceutical companies, highlighted the glaring differences in opinion emerging among WHO member states.

For its part, the U.S. has long advanced the argument that without strong intellectual-property protection, the pharmaceutical industry will not have the commercial incentive to conduct research and development for crucial new medicines.

However, Brazil and Kenya recently claimed that about 90 percent of total global health-related research and development of Western pharmaceutical companies went toward addressing the medical needs of about 10% of the world's population. Those two countries have since called on the WHO to

adopt systems for intellectual-property protection that would increase developing countries' access to health innovations and medicines.

WHO staffers say they resent what they view as the United States political agenda toward vital public-health concerns, ranging from reproductive-health issues to promoting good dietary standards.

At the 2004 World Health Assembly (WHA), the U.S. broke with the meeting's proposed resolution that reproductive and sexual rights should be considered human rights, and strongly protested the meeting's focus on the public-health risks of unsafe abortions. Lee had earlier that year held up a list of essential WHO-recommended medicines drafted by an independent expert committee for more than two months because of U.S. objections about two listed abortifacient drugs that could be used to induce abortions in emergencies.

The U.S. delegation to another recent WHA took issue with a WHO-proposed diet and health resolution, particularly concerning the acceptable level of sugar content in foods, which by the WHO's expert assessment would have cast U.S. fast-food and soft-drink companies in an unfavorable light. Lee famously bent to the U.S. objections and signed off on a significantly watered-down version of the original resolution.

U.S. interference with U.N. personnel and policy decisions, of course, isn't an entirely new phenomenon. The U.S. is the largest donor to the U.N. and by association to the WHO, and in light of the U.S.-inspired events in Bangkok, senior WHO representatives throughout the organization are likely to be more guarded when commenting on public health issues that Washington considers sensitive.

The Bush administration's tactics, often cloaked as reform measures, in reality aim to bring U.N. agencies like the WHO more in line with U.S. commercial and political interests.

At the WHO, at least, that process has come at the expense of the U.N. agency's stated mission, commitments and, perhaps most significant, its global credibility as an impartial and apolitical actor.

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 372. Concurrent resolution recognizing the 50th Anniversary of the Interstate Highway System.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1012. An act to authorize appropriations to the Secretary of Commerce for the Magnuson-Stevens Fishery Conservation and Management Act for fiscal years 2006 through 2012, and for other purposes.

#### ALTERNATIVE ENERGY SOURCES

The SPEAKER pro tempore (Mr. CONAWAY). Under the Speaker's announced policy of January 4, 2005, the gentlewoman from Pennsylvania (Ms. SCHWARTZ) is recognized for 60 minutes as the designee of the minority leader.

Ms. SCHWARTZ of Pennsylvania. Mr. Speaker, I appreciate your courtesy in giving me a few extra minutes to get here.